PTO/SB/06 (07-06)

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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | Application or Docket Number 10/660,853 | | | ing Date 12/2003 | To be Mailed | | |
|---|--|---|-------------------------------------|---|------------------|---|--|------------------------|-----------------------|-----------------------|-------------------------------|--|--|
| APPLICATION AS FILED – PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY | | | OTHER THAN OR SMALL ENTITY | | |
| Н | FOR | | NUMBER FILED | | NUMBER EXTRA | | RATE (\$) | FEE (\$) | <u> </u> | RATE (\$) | FEE (\$) | | |
| | BASIC FEE (37 CFR 1.16(a), (b), | or (c)) | N/A | | N/A | | N/A | .,, | 1 | N/A | ,,, | | |
| | SEARCH FEE (37 CFR 1.16(k), (i), | | N/A | | N/A | | N/A | | 1 | N/A | | | |
| | EXAMINATION FE (37 CFR 1.16(a), (p), | | N/A | | N/A | | N/A | | | N/A | | | |
| | TAL CLAIMS CFR 1.16(i)) | | minus 20 = | | | | x \$ = | | OR | x \$ = | | | |
| IND | EPENDENT CLAIM CFR 1.16(h)) | S | minus 3 = | | • | | x \$ = | | 1 | x s = | | | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | FEE shee is \$2 addi | ts of pap 50 (\$125 tional 50 | rings exceed 100 dion size fee due by) for each dion thereof. See 37 CFR 1.16(s). | | | | | | | | | |
| | MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j)) | | | | | | | | 1 | | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | TOTAL | | 1 | TOTAL | | | |
| (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL | | | | | | | | | ER THAN ALL ENTITY | | | | |
| AMENDMENT | 01/11/2008 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | | |
| | Total (37 CFR 1.18(i)) | • 65 | Minus | ~ 63 | = 2 | 1 | x \$ = | | OR | X \$50= | 100 | | |
| | Independent (37 CFR 1.16(h)) | • 12 | Minus | ···10 | = 2 | 1 | x \$ = | | OR | X \$210= | 420 | | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | | | |
| ^ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | OR | | | | |
| | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | 520 | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | | |
| AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSL' PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | | |
| | Total (37 CFR 1,18(i)) | | Minus | | = | 1 | x \$ = | | OR | x \$ = | | | |
| N | Independent (37 CFR 1,16(h)) | | Minus | *** | = | 1 | x \$ = | | OR | x \$ = | | | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | |] | | |] | | | | |
| AM | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | OR | | | | |
| | | | | | | | | | OR | TOTAL ADD'L FEE | | | |
| ** If | "If the Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. The Highest Number Previously Paid For "(Total In Enterprevious previoud in the appropriate box in column 1. | | | | | | | | | | | | |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is 16 life (and by the USPTO to process) an application. Confidentiality is governed by 35 US of 22 and 37 CFR 1.14. This collection is estimated to be 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this bruther, aboved to sent to the Chief information Officer. U.S. Patent and Trademark Office, U.S. Department of Commorce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADVINESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.